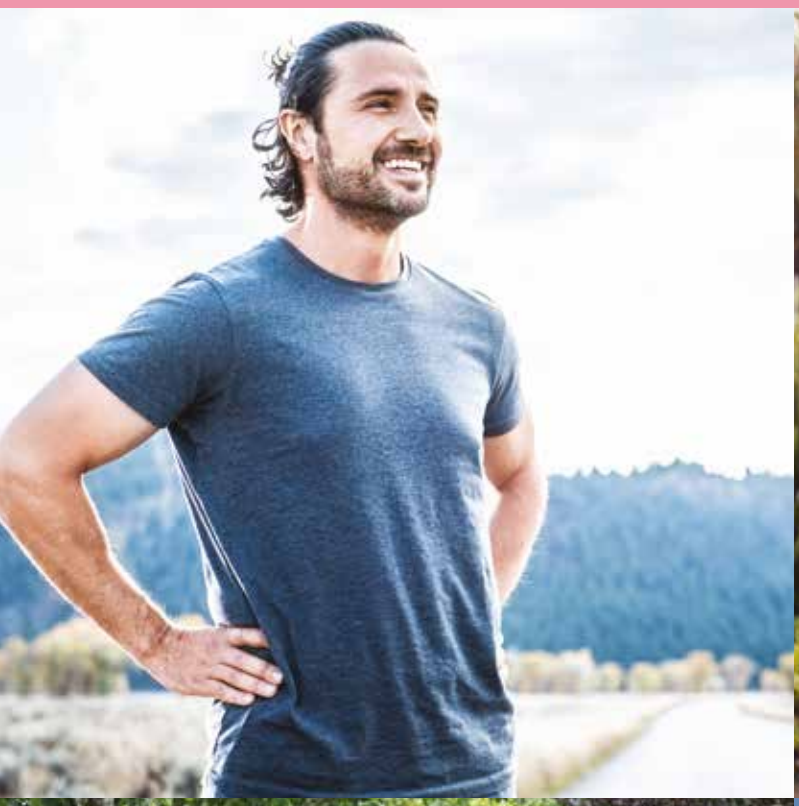
Southern Cross Health Insurance

southerncross.co.nz/society

Cancer Assist

Policy document









Effective from 30 October 2026.

Welcome

to your **Cancer** Assist plan.

Thank you for choosing this additional cancer cover. This policy document shows the benefits of Cancer Assist. This policy document should be read with your Cancer Assist Certificate and any subsequent information we send regarding changes to Cancer Assist.

UNDERSTANDING CANCER ASSIST

When we have used bold type in this policy document, it means that the word has a special medical or legal meaning. Some terms are defined in the main body of this document and the remaining are in the Glossary of terms. We may change or update benefits, terms and conditions and premiums for Cancer Assist from time to time. If we make these types of changes, we will notify you.

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01

Cancer Assist – financial support when you need it most

Cancer Assist is designed to provide **you** with financial support should **you** have a **confirmed cancer diagnosis**. **You** can use **your** one-off payment for whatever **you** need to help **you** and to complement the cancer treatment covered under **your Southern Cross** health insurance policy.

WHAT IS COVERED

We will pay **you** the applicable **Cancer Assist Maximum** selected if:

- **you** have a **confirmed cancer diagnosis**;
- the cancer is not excluded by the **exclusions**, including, but not limited to those cancers specifically listed on **your Cancer Assist Certificate**;
- **you** are still alive 14 days after **your confirmed cancer diagnosis**. This period of 14 days will be increased by 1 day for every day **you** are kept alive on a life support system;
- the **confirmed cancer diagnosis** (or related health condition, symptom, sign or event) first occurs at least 3 months after **your policy start date** or the date **you** increase **your Cancer Assist Maximum**;
- **your Southern Cross** health insurance policy and Cancer Assist **policy** are active and premiums are up to date; and
- all terms and conditions of the **policy** are met.

DIAGNOSIS CRITERIA

A **confirmed cancer diagnosis** means either:

- the presence of one or more malignant tumours which are characterised by the pathological/histological confirmation of the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue for which major interventional treatment or surgery is considered necessary as confirmed by a **Medical Practitioner**; or
- a diagnosis of Hodgkin lymphoma, non-Hodgkin lymphoma, malignant bone marrow disorders or leukaemia, for which major interventional treatment or surgery is considered necessary as confirmed by a **Medical Practitioner**.

WHAT ISN'T COVERED

The following do not meet the **confirmed cancer diagnosis** criteria and are excluded from cover:

- tumours histologically described as carcinoma in situ, cervical dysplasia, CIN-1, CIN-2 or CIN-3, or described as premalignant;
- chronic lymphocytic leukaemia which is at Binet stages A or B, or Rai stages 0, I or II;
- all skin cancers including basal cell carcinomas and squamous cell carcinomas, unless there is evidence of metastases;
- malignant melanomas of 1.5mm or less maximum thickness as determined by histological examination using the Breslow method and less than Clark level 3 depth of invasion without ulceration;
- all tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
- papillary micro-carcinoma of the thyroid or bladder;
- any cancer which occurs less than 3 months after the **policy start date**.

EXCLUSIONS

We may exclude cover for any cancer or tumour which occurs in relation to or as a consequence of:

- a **pre-existing condition**;
- a **family history of cancer** (relating to bowel and/or breast and/or ovarian cancers); or
- a **genetic predisposition for cancer**,

including but not limited to those cancers specifically listed on **your Cancer Assist Certificate**.

In addition, there is no cover for any cancer which has as an underlying cause, or is otherwise incurred in relation to, or as a consequence of, any of the following:

- a symptom, sign or event which occurs less than 3 months after the **policy start date**, or, in the case of **dependants** added to the **policy** after the **policy start date**, a health condition, symptom, sign or event arising less than 3 months after the date they were added to the **policy**;
- self-inflicted illness or injury, arising from, or caused or contributed to by, substance abuse, intoxication or drug taking whether prescribed or recreational;
- chemical warfare or nuclear contamination;
- **congenital condition(s)**.

HOW WE DETERMINE YOUR COVER

When the **policyholder** completed the Application Form for this **policy**, the **policyholder** declared:

a) the conditions, signs and symptoms for which **you** had received treatment, or which **you** knew about before the date of the application; and

b) any **family history of cancer** and/or **genetic predisposition for cancer** which **you** knew about before the date of the application.

We assess the information disclosed in the application and make a decision whether to offer cover for any cancer that arises as a consequence of the information disclosed or to exclude certain cancers from cover under this Cancer Assist **policy**.

Any cancer(s) which relates to a **pre-existing condition**, **family history of cancer** or **genetic predisposition for cancer** and for which **we** decline to cover will be set out on **your Cancer Assist Certificate**. **You** will not have cover for these **exclusion(s)** for the duration of **your policy** unless otherwise agreed. **You** can request a review of **your exclusion(s)** after 5 years' continuous cover under **your** Cancer Assist **policy**.

The **exclusion(s)** listed on **your Cancer Assist Certificate** are in addition to the other **exclusions** noted in this **policy** document.

If **you** do not declare:

a) a **pre-existing condition**; and/or

b) any **family history of cancer**; and/or

c) **genetic predisposition for cancer,**

which **you** know about, or ought reasonably to have been aware of, on any application or upgrade of cover then **we** may decline cover for any cancer that arises as a consequence.

In these circumstances, at the time **we** become aware, **we** will add the relevant **exclusion(s)** to **your Cancer Assist Certificate**.

02

Other terms and conditions

This Cancer Assist **policy** can only be held if **you** have a **Southern Cross** health insurance **policy** (excluding HealthEssentials).

When does your policy start?

This **policy** starts on the **policy start date** and is renewed annually on the **policy anniversary date**. The **policy anniversary date** is the same for everyone listed on the **Cancer Assist Certificate** as covered by the **policy** regardless of the date each person was added to the **policy.**

When does cover start?

There is no cover under this **policy** for any cancer which occurs less than 3 months after the **policy start date** or which has, as an underlying cause or otherwise arises as a result of a symptom, sign or event which occurs less than 3 months after the **policy start date**.

For **dependants** added to the **policy** after the **policy start date** there is no cover for any cancer which occurs less than 3 months after the date they were added to the **policy** or which has, as an underlying cause or otherwise arises as a result of a symptom, sign or event which occurs less than 3 months after the date they were added to the **policy**.

When does cover end under this policy?

Cover under this Cancer Assist **policy** ends:

- for everyone on the **Cancer Assist Certificate**, when the **policy** is cancelled or terminated by either the **policyholder** or **Southern Cross**
- for a **dependant**, on their removal from the **policy**
- for the **policyholder** or a **dependant**, when a claim is paid to them under the **policy**, or
- if **your Southern Cross** health insurance is cancelled or terminated.

Can I claim under this policy more than once?

No, each person can only claim once under this **policy**. Once a claim has been paid to a person under this **policy**, cover under this **policy** ends for that person.

Can I have cover under more than one Cancer Assist policy at the same time?

No, each person can only have cover under one Cancer Assist **policy** at the same time.

Can I have cover under a Cancer Assist and Critical Illness policy at the same time?

No, each person can only have cover under one of these policies at the same time.

This does not apply to cancer or critical illness cover provided by another insurer.

What happens when I turn 65 years old?

On the **policy anniversary date** following an individual's 65th birthday their **Cancer Assist Maximum** will be automatically reduced to $20,000.

What happens if you make changes to my policy?

We may change or update the benefits, scope of cover, terms and conditions and premiums for this **policy.** If **we** do so, **we** will notify the **policyholder** in writing (including on **our** website or by email). The **policyholder** is responsible for advising **dependants** of any changes to the **policy**. If **you** are not happy with any of the changes, the **policyholder** can contact **us** within 1 month of the notification of changes to discuss alternatives or to cancel this **policy**. If the **policyholder** cancels this **policy**, cover will be provided until the date the **policy** is paid to.

Where will Southern Cross send communications about my policy?

We will send all communications required to be sent by **us** relating to the **policyholder**, this **policy**, or any **dependant** to the **policyholder** only.

We will send all notices and communications to the **policyholder** at their last known email or postal address and will consider them to be delivered 3 working days after **we** send them.

The **policyholder** must tell **us** immediately if their contact number, postal address, residential address, or email address changes.

Can I add dependants?

Yes, the **policyholder** can add **dependants** to this **policy** at any time, except for children aged 21 years or older. The **policyholder** will need to complete an application for the **dependant** being added with details of their medical history. **We** will then determine whether certain cancer(s) will be excluded from cover as a result of the information provided in the application. A **dependant's** cover starts on the date **we** have added them to **your policy** and this is the date **we** will start charging premiums for their cover.

Premiums for **dependants** will be charged from the date of their addition as part of **your** normal billing cycle. The **policyholder** is responsible for payment of premiums for everyone named on the **Cancer Assist Certificate**.

For **dependants** added to the **policy** after the **policy start date** there is no cover for any cancer which occurs less than 3 months after the date they were added to the **policy** or which has an underlying cause, or otherwise arises as a result of, a symptom, sign or event which occurs less than 3 months after the date they were added to the **policy**.

Can my adult children stay on my policy?

Yes, **adult** children will automatically remain on **your policy** unless **the policyholder** specifically asks **us** to remove them. If **you** want to remove them from **your policy**, and they would like to continue cover with **Southern Cross**, they can apply for their own Cancer Assist policy.

If they apply for the same level of cover as they had under **your** Cancer Assist **policy** or a lower level of cover, and they apply within 1 month of being removed from this **policy**, they will not need to complete a new medical declaration.

How do I remove dependants from my policy?

The **policyholder** can remove a **dependant** from this **policy** at any time by notifying **us** in writing (email, post or via **our** website) or by calling **Southern Cross**. It is the **policyholder's** responsibility to remove **dependants** from the **policy** where the **policyholder** no longer requires the **dependant** to be covered by this **policy.**

If a **dependant** is removed from the **policy** and subsequently added back on, the **policyholder** will have to complete a new application with details of the **dependant's** medical history. The **dependant** will not have cover for any cancer which relates to a **pre-existing condition** existing prior to the date of the new application and will not have cover for any cancer which occurs up to 3 months after being added back on to the **policy**.

Can I change my Cancer Assist Maximum?

Yes, but increasing or decreasing **your Cancer Assist Maximum** can affect **your** cover and **your** premium. In particular **you** should note:

- any **exclusions** (as set out in **your Cancer Assist Certificate**) affecting **you** or any **dependant** covered by the **policy** prior to any increase or decrease will remain.

If **you** increase **your Cancer Assist Maximum**:

- **your** new **Cancer Assist Maximum** will only apply from 3 months after the date of the increase; and
- **your** previous **Cancer Assist Maximum** will continue to apply for any cancer that developed before the date of the increase.

If **you** decrease **your Cancer Assist Maximum**:

- **your** new **Cancer Assist Maximum** will apply immediately from the date of the decrease; and
- **your** new **Cancer Assist Maximum** will apply for any cancer that developed before the date of the decrease.

To change **your Cancer Assist Maximum you** will need to complete and submit an application. The new **Cancer Assist Maximum** will apply to everyone covered by the **policy** (if entitled) and will be noted on **your** amended **Cancer Assist Certificate**.

What happens if I give Southern Cross incomplete, false or misleading information?

For non-disclosure or misrepresentation of a **pre-existing condition**, a **family history of cancer** or a **genetic predisposition for cancer** **we** will exclude the cancer that relates to or occurs as a consequence of these and will add them to **your Cancer Assist Certificate** and **we** may decline any related claim.

We may also decline a claim where **we** reasonably believe **you** have lied or given **us** false information in respect to that claim. Before **we** do so **we** will give **you** a reasonable opportunity to explain.

In addition, **we** may cancel this **policy** for any other non-disclosure, misrepresentation, fraud or material breach of the terms of this **policy** by the **policyholder** and/or any **dependants** and/or **we** may recover any money **you** owe **us** and/or take legal action against the **policyholder** and/or any **dependants** (as applicable).

Before **we** cancel **your policy** for any of the reasons set out above:

(a) **we** will notify **you** in writing of the reasons why **we** are considering cancelling **your policy**; and
(b) **you** will have at least 7 working days to provide a written explanation (including any relevant evidence) that **you** wish **us** to consider;
(c) **we** will reasonably consider **your** explanation.

If **you** are unhappy with **our** decision to cancel **your policy**, **you** can make a complaint by contacting **us**. Visit **our** website for more information on **our** complaints and dispute resolution process at southerncross.co.nz/complaints.

How do I cancel my policy?

If **you** are not satisfied with the **policy** during the first 14 days after the date **you** have received this **policy** document and **your Cancer Assist Certificate**, the **policyholder** can cancel the **policy** and **we** will provide a full refund of all premiums paid. If **you** wish to cancel the **policy** within the 14 day period, the **policyholder** will need to contact **us**.

The **policyholder** can cancel the **policy** at any other time but will not be entitled to a refund of any premium already paid to **us** and the **policyholder** will remain liable for any premium amount due up to the date of the cancellation. Cover will be provided until the date the **policy** is paid to.

Nothing in this **policy** limits or affects any rights **you** may have under the Consumer Guarantees Act 1993.

What happens if I do not pay my premium?

If the premiums remain unpaid for 3 months or more, **we** will cancel this **policy**.

03

Claiming process

How can I make a claim under my policy?

To be eligible to claim, **your** premium payments must be up to date and the **policyholder** or **dependant** seeking to claim must have a **confirmed cancer diagnosis** for the first time, and still be alive 14 days after. This period of 14 days will be increased by 1 day for every day that the eligible person is kept alive on a life support system.

All information provided relating to any claim submitted under this **policy** must be complete, true and correct. Any failure to do so may result in the claim being declined and/or **your policy** being cancelled. See "What happens if I give Southern Cross incomplete, false or misleading information?" under section 02 of the **policy**.

Approval of a claim will only be made if all terms and conditions of the **policy** are met and a **confirmed cancer diagnosis** has been made to **our** reasonable satisfaction. In the event of any dispute **we** will determine, acting reasonably, whether the requirements of a **confirmed cancer diagnosis** have been met. If a claim is approved, payment of the **Cancer Assist Maximum** will be made to the **policyholder** or the **dependant** who suffered the cancer if elected by the **policyholder**.

Please submit **your** claim within 12 months of the date of the **confirmed cancer diagnosis**. **You** must provide **us** with a medical report, at **your** cost, so **we** can assess **your** claim.

Sometimes **we** may not be able to assess **your** claim from the claim form and medical report and **we** may need to contact **you** or **your medical practitioner**.

In some circumstances **we** may need to ask a **medical practitioner** chosen by **us** to review and assess the medical facts or examine **you** in relation to the claim. **We** will only do this when there is uncertainty on cover under this **policy**. This examination and opinion will be at **our** expense. **You** must co-operate with the **medical practitioner** chosen by **us**, or **we** will not pay **your** claim.

If the **policyholder** has been overpaid on any claim, **we** may seek to recover the amount incorrectly paid out. If **we** are entitled to recover any money from **you** in relation to this **policy we** can deduct the amount **you** owe **us** from any future claim payment or other payments **we** make to **you**.

If **you** do not claim any payment or other amounts **we** owe **you** within 4 years or more, **we** may keep the payment.

04

Your regulatory protection

CANCER ASSIST PRIVACY STATEMENT

Your privacy is very important to **us**. **We** value the trust **you** place in **us** to handle **your** personal and health information the right way.

Our Privacy Statement sets out how **we**'ll collect, store, use, and share **your** information, and how **you** can access and correct **your** personal information. **We**'ll do this in accordance with the Privacy Act 2020 and the Health Information Privacy Code 2020.

Contact **us** by calling 0800 800 181 or by completing **our** form at southerncross.co.nz/contact, if **you** have any questions about how **we** handle **your** personal and health information or to request access to or correction of **your** information.

To read the **Privacy Statement**, visit southerncross.co.nz/privacy.

05

Financial advice service

As a licensed financial advice provider, **Southern Cross** is responsible for any financial advice **our Southern Cross** sales staff provide on the **Southern Cross** range of health insurance products. **We** are regulated by the Financial Markets Authority and have duties under the Financial Markets Conduct Act 2013 and the Code of Professional Conduct for Financial Advice Services for that financial advice. **You** can find out more about the limits on the nature and scope of the financial advice service **we** provide, how **we** address any conflicts of interest, **our** duties and **our** complaints and dispute resolution process (including **our** membership of the Insurance and Financial Services Ombudsman Scheme) in **our** Financial Advice Disclosure Statement which is available at southerncross.co.nz/disclosure-statement.

INDUSTRY ORGANISATIONS

Southern Cross is registered as a Friendly Society under the Friendly Societies and Credit Unions Act 1982 and is a member of the Financial Services Council, the Insurance & Financial Services Ombudsman scheme and the International Federation of Health Plans.

FINANCIAL STRENGTH RATING

Southern Cross Medical Care Society (trading as Southern Cross Health Society) has an A+ (Strong) financial strength rating given by S&P Global Ratings Australia Pty Ltd.

The rating scale is:

AAA (Extremely Strong)	AA (Very Strong)	A (Strong)
BBB (Good)	BB (Marginal)	B (Weak)
CCC (Very Weak)	CC (Extremely Weak)	SD or D (Selective Default or Default)

Ratings from 'AA' to 'CCC' may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories.

Full details of the rating scale are available at www.spglobal.com. S&P Global Ratings Australia Pty Ltd is an approved rating agency under the Insurance (Prudential Supervision) Act 2010.

COMPLAINTS AND DISPUTE RESOLUTION PROCESS

If **you** have a complaint about **our** treatment of **your policy** or the service **we**'ve provided (including financial advice, a claim, a benefit entitlement, or **our** decision to cancel **your policy**), please tell **us** so **we** can work with **you** to resolve **your** concerns.

To make a complaint, contact **us** by calling 0800 800 181 or by completing **our** form at southerncross.co.nz/contact.

Visit **our** website for more information on **our** complaints and dispute resolution process at southerncross.co.nz/complaints

To resolve a complaint about **your** membership of **Southern Cross**, please refer to the Rules of Southern Cross at southerncross.co.nz/rules or contact **us**.

You can contact the Ombudsman if you're not satisfied

We're part of the Insurance & Financial Services Ombudsman's approved dispute resolution scheme (IFSO). This scheme is a free and independent dispute resolution service that helps investigate or resolve complaints for consumers.

If **you**'re not satisfied with **our** response to **your** complaint or **your** complaint is not resolved, **you** can refer it on to IFSO.

For more information about IFSO or to contact them about a complaint, call 0800 888 202, or visit ifso.nz

06

Glossary of terms

Some terms used in this **policy** document have been explained in the previous pages. Other terms are defined below:

Adult means a person 21 years of age and over.

Cancer Assist Certificate means the certificate **we** issue to the **policyholder** from time to time which details the key dates in respect of the **policy**, the people covered, the **Cancer Assist Maximum**, the **policyholder's** Cancer Assist **policy** number, any **exclusions** applicable to the people covered under the **policy** known to **Southern Cross** at the date of issue of the certificate, and any other information specific to the **policy**.

Cancer Assist Maximum means the level of cover selected by the **policyholder** at the time of application, upgrade or downgrade of cover. This maximum will apply to each person named on the **policy** (except for a person whose **Cancer Assist Maximum** has reduced to $20,000 due to reaching the **policy anniversary date** following their 65th birthday) and will be noted on the **Cancer Assist Certificate**.

Child/children means a person/people under 21 years of age.

Confirmed cancer diagnosis means a diagnosis of cancer has been made which meets the diagnosis criteria section of this **policy** document. **You** must submit evidence of the diagnosis made by a **medical practitioner** as appropriate to the medical condition.

Congenital condition(s) means congenital anomalies or defects which are present at birth and for which the **policyholder** or **dependant** had either:

a) signs or symptoms of the condition prior to purchasing this **policy**, or

b) signs or symptoms of the condition within 3 months of birth, as reasonably determined by **Southern Cross**.

Dependant means the husband/wife or partner (including any former husband/wife or partner) of the **policyholder** and any **child** or any **adult** dependant (including any stepchildren or adopted children) of the **policyholder** (or the **policyholder's** husband/wife or partner) who is listed on the **Cancer Assist Certificate**.

Exclusion(s) means those cancer or tumour types or other conditions that are not covered by this **policy**, as specified in this **policy** document, including (without limitation) any cancer(s) specifically excluded on the **Cancer Assist Certificate**.

Family history of cancer means where the **policyholder** or **dependant** has two or more natural parents or siblings (living or dead) that have been diagnosed with bowel and/or breast and/or ovarian cancer before the age of 55 years in relation to:

a) the **policyholder** and each **dependant** named in the application, before the **policy start date**; and

b) any **dependant** added to the **policy** after the **policy start date**, before the date the relevant **dependant** was added to the **policy**

where the **policyholder** or the **dependant** was aware, or ought reasonably to have been aware.

Genetic predisposition for cancer means where the **policyholder** or **dependant** has undertaken a predictive genetic test for cancer and obtained a positive result indicating a genetic predisposition for developing cancer in relation to:

a) the **policyholder** and each **dependant** named in the application, before the **policy start date**; and

b) any **dependant** added to the **policy** after the **policy start date**, before the date the relevant **dependant** was added to the **policy**

where the **policyholder** or the **dependant** was aware, or ought reasonably to have been aware.

Medical Practitioner means a medical practitioner who has a current practising certificate, is practising in accordance with any restrictions placed on them by the Medical Council of New Zealand (MCNZ) and whose scope of practise is relevant to the diagnosed cancer.

Policy means the contract between **Southern Cross** and the **policyholder**. The **policy** is made up of the **Cancer Assist Certificate**, this **policy** document and any amendment or variation made to them from time to time.

Policyholder means the person in whose name the **policy** is issued and who is responsible for the payment of premiums and to whom claims relating to the **policyholder** and any **dependants** are usually paid.

Policy anniversary date means the date specified in the **Cancer Assist Certificate** and each anniversary of the **policy start date**, and is the date from which **your policy** will be renewed for the following year.

Policy start date means the date **your policy** commences as shown on **your Cancer Assist Certificate**.

Pre-existing condition means any cancer occurring or existing, or any cancer which relates to a sign, symptom or event occurring or existing in relation to:

a) the **policyholder** and each **dependant** named in the application, before the **policy start date**; and

b) any **dependant** added to the **policy** after the **policy start date**, before the date the relevant **dependant** was added to the **policy**

where the **policyholder** or the **dependant** was aware, or ought reasonably to have been aware, of the cancer, sign, symptom or event.

Southern Cross means Southern Cross Medical Care Society trading as Southern Cross Health Society, having its registered office at Level 1, Te Kupenga, 155 Fanshawe Street, Auckland 1010.

We/us/our means **Southern Cross**.

You/your means the **policyholder** and any **dependant** named on the **Cancer Assist Certificate** (unless otherwise specified).

Interested in joining?

Call **0800 100 777**, or if your employer has a work scheme call **0800 438 268**
For a free quote, visit
southerncross.co.nz/society/quote
Apply online at
southerncross.co.nz/apply-now

Already a member?

For member queries, please call **0800 800 181**.

Southern Cross Health Insurance

Southern Cross Medical Care Society, Level 1, Te Kupenga, 155 Fanshawe Street, Auckland 1010

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